

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	75331	
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	8	8-28-00
FORMALITY REVIEW	<i>[Signature]</i>	71531	1025-W
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	71531	19-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	7/12/00
2	11/28/00
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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